

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000051619

FILED
Jun 18, 2008
Secretary of State

Entity Name: HEALTH & WELLNESS PROFESSIONALS, INC.

Current Principal Place of Business:

701 ENTERPROSE ROAD, SUITE 701
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

13011 ROYAL GEORGE AVENUE
ODESSA, FL 33556

New Mailing Address:

701 ENTERPROSE ROAD, SUITE 701
SAFETY HARBOR, FL 34695

FEI Number: 20-8954472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRONIN, MICHAEL T
911 CHESTNUT STREET
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

SALEDAS, MELANIE A
13011 ROYAL GEORGE AVE
ODESSA, FL 33556 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MELANIE A. SALEDAS

06/18/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: OWEN, TERRY
Address: 13011 ROYAL GEORGE AVE
City-St-Zip: ODESSA, FL 33556

Title: DP () Delete
Name: OWEN, ANN
Address: 13011 ROYAL GEORGE AVE
City-St-Zip: ODESSA, FL 33556

Title: S () Delete
Name: HONRATH, EUGENE
Address: 13011 ROYAL GEORGE AVE
City-St-Zip: ODESSA, FL 33556

Title: T () Delete
Name: MISKOVSKY, MELANIE
Address: 2728 BENTLY DRIVE
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SALEDAS, MELANIE
Address: 13011 ROYAL GEORGE AVE
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELANIE SALEDAS

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06/18/2008

Electronic Signature of Signing Officer or Director

Date